



Team Nutrition Student Survey

Please check (✓) the choice that tells best what you do. Thank you.

1. How have you learned about what to eat and how to be active before this school year?

☐ My family
☐ At school
☐ At my doctor's office
☐ Somewhere else, please write in _____
☐ I have not learned about what to eat or how to be active before this year.

3. Do you think eating vegetables every day is important for your health?

☐ Yes ☐ No

4. How many servings of vegetables should you eat every day?

☐ 1-3 servings ☐ 5-8 servings
☐ 3-5 servings ☐ 8-10 servings

2. How many days a week do you eat breakfast?

☐ 0 ☐ 3 ☐ 6
☐ 1 ☐ 4 ☐ 7
☐ 2 ☐ 5

5. How many times a day do you usually eat with your family?

☐ None ☐ Two Times
☐ One Time ☐ Three Times

6. How many times **a day** do you usually eat or drink the following food items? Put a check in the column that best describes how many times you eat or drink that specific food.

Food Items	I do not eat this food daily	I eat this food 1 time per day	I eat this food 2 times per day	I eat this food 3 times per day	I eat this food 4 times per day	I eat this food more than 4 times per day
Fruits						
Vegetables						
Regular Soda or Pop						
Sugar-free Soda or Pop						
White or Flavored Milk						

7. Do you have rules about TV watching at home? ☐ Yes ☐ No

8. How long do you watch TV on weekdays or weekends? Put a check in the column that best describes how long you watch TV on those types of days.

Number of Hours You Watch TV per Day	Weekdays (Monday through Friday)	Weekends (Saturday and Sunday)
I watch less than 1 hour of TV per day		
I watch between 1 and 2 hours of TV per day		
I watch more than 2, but not more than 3 hours of TV per day		
I watch more than 3, but not more than 4 hours of TV per day		
I watch more than 4, but not more than 5 hours of TV per day		
I watch more than 5, but not more than 6 hours of TV per day		
I watch 6 or more hours of TV per day		

9. How old are you? _____

10. Are you a boy or girl? ☐ Boy ☐ Girl

11. What grade are you in? _____

Thank you for completing this survey! Please give the completed survey to your teacher.